

Receipt Date

Office Use Only

**WITHHOLDING CERTIFICATE  
FOR PENSION OR ANNUITY PAYMENTS**  
Tel No. (518) 474-7736 in Albany area or  
Toll Free 1 (866) 805-0990  
Fax No. (518) 402-4433

Social Security Number    -    -    Registration number (if known)

| Last Name | First Name | M.I. |
|-----------|------------|------|
|           |            |      |

| Street Address 1 |  |
|------------------|--|
|                  |  |

Street Address 2

| City | State | Zip Code |
|------|-------|----------|
|      |       |          |

I **DO NOT** want to have Federal Income Tax withheld from my monthly benefit ☐  
(**DO NOT** complete Section 2 or 3)

Please withhold an additional amount of \$   ,   .   each month.  
(DO NOT complete Section 1 or 3)

Total Fixed Dollar Amount to be Withheld Monthly \$  ,  .   
(DO NOT complete section 1 or 2)

Date \_\_\_\_\_